

State of California - Health and Human Services Agency
ALZHEIMER'S ADVISORY COMMITTEE APPLICATION

Applications are due no later than Monday, September 21, 2015.

1. Name: _____
First Middle Last
2. Address (including Zip Code): _____
3. Phone number: (____) _____
E-mail address: _____
4. Gender: ☐ Male ☐ Female
5. Ethnicity (optional):
☐ American Indian or Alaskan Native ☐ Asian ☐ Black
☐ Hispanic ☐ Pacific Islander ☐ White
☐ Other (Specify) _____
6. Occupation: _____
7. Nomination by:
☐ Self ☐ Organization/Association: _____
8. Application Category: Please select the category or categories for which you are applying.

Currently, we are accepting applicants for these categories:

- ☐ Academic Medical Research Representative
- ☐ Alzheimer's Disease Center Representative
- ☐ Consumer Representative
- ☐ Family Member Representative
- ☐ Social Research Representative

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Please provide a brief statement of qualifications that highlights the relevant skills and experience you would bring to the Alzheimer's Advisory Committee.

In addition, please answer these questions:

1. Briefly describe the interests you will represent and what you hope to contribute as a result of participating on the Alzheimer's Advisory Committee.
2. What are the central Alzheimer's issues you would recommend the committee consider and why?

SIGNATURE

DATE

Signature of a personal assistant is acceptable.

Please submit application, no later than Monday, September 21, 2015:

By Email: rohish.lal@chhs.ca.gov, OR

By Mail to:

California Health and Human Services Agency
1600 9th Street, Room 460
Sacramento, CA 95814
Attn: Rohish Lal